COVERAGE ≠ ACCESS

WHERE DO YOU STAND?

A patient guide to fertility coverage, barriers & next steps

Having fertility coverage doesn't always mean you can access the care you need.

WHAT DO YOU NEED COVERAGE FOR?

Coverage for one service does not mean all fertility care is covered.

Testing & fertility workup

- Labs
- Ultrasound
- Diagnostic procedures

Average Cost
$500 – $3,000

Assisted Reproductive Technology

Average Cost
IUI: $500 – $4,000
IVF: $15,000 – $25,000
Per cycle

**May not include testing, medications and storage fees.*

Medications

Stimulation medication, trigger medication, other fertility rx

Average Cost
$3,000 – $7,000
Per cycle

Annual Storage Fees

Oocytes, sperm, embryos

Average Cost
$300 – $1,000

DOES YOUR STATE HAVE A MANDATE?

Fertility insurance mandate: A state law that requires certain health insurers **or health plans to cover or offer** specified fertility-related benefits.

Mandate to cover

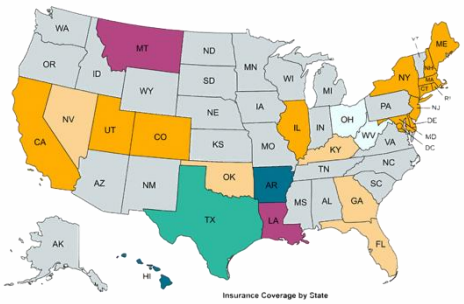
Insurers must include the benefit in state-regulated plans. **Qualified patients can receive coverage.**

Mandate to offer

Insurers must make the benefit available for purchase; the employer decides whether to buy it. Many patients are not guaranteed coverage.

Narrow/Targeted

Coverage limited to a specific service or population – most often fertility preservation for iatrogenic infertility.



As of 2026:

25 states + Washington, D.C. have some form of a fertility insurance mandate

15 states require IVF coverage

21 states require fertility preservation

Insurance Coverage by State

- States With IVF and Fertility Preservation Coverage
- States With IVF Coverage
- States With Fertility Preservation and Some Infertility Coverage
- States With Fertility Preservation and Offer (Not Require) Infertility or IVF
- States With Fertility Preservation Coverage
- States With Some Infertility Coverage

What about your state?
Scan the QR code to view detailed state laws.

Who does fertility mandates cover?

It depends on your state AND your health plan.

State fertility mandates generally apply to state-regulated health insurance plans, but each state determines which plans, services and patients are included.

- **Individual health plans** may be covered in some states.
- **Fully insured employer plans** may be covered in some states.
- **State employee plans** may be covered in some states.
- **Coverage may include** diagnosis, IUI, IVF, medications and/or fertility preservation.

Who is often left out?

Having a mandate doesn't guarantee access.

Even in states with a mandate, patients may still face barriers because of:

- **Infertility definitions** – May require a diagnosis or a period of attempting pregnancy. State definitions and criteria vary broadly. Check for specific requirements
- **Family-building pathway** – Eligibility rules can create barriers for LGBTQ+ patients, single people and people using donor eggs or sperm.
- **Benefit limits** – Age limits, Cycle limits, Lifetime maximums, Prior authorization.
- **What's covered** – A plan may cover testing but not IVF, medications, genetic testing, freezing or storage.
- **Network & geography** – A covered service may still be difficult to access if an in-network fertility specialist or clinic isn't nearby.

THE HOLE IN THE MAP: ERISA

Your state may mandate fertility coverage. Your employer's health plan may not have to follow it. ERISA is a federal law governing many employer-sponsored health plans.

FULLY INSURED
Employer buys insurance from an insurer.
State insurance mandates generally apply.

67%
of workers with employer-sponsored health coverage were enrolled in a self-funded plan in 2025.

SELF-FUNDED
Employer pays employees' health claims directly.
State benefit mandates generally do NOT apply to private-employer self-funded plans.

ASK: "Is my health plan fully insured or self-funded?"

NO COVERAGE? YOU STILL HAVE OPTIONS:

1 CHECK BEFORE YOU PAY

Make sure the service isn't covered another way.

- Ask why the service isn't covered.
- Check for prior authorization requirements.
- Ask whether another covered benefit or provider is available.

2 APPEAL A DENIAL

You have the right to request a review.

- Get the denial in writing.
- Ask for the reason and appeal deadline.
- Ask your clinic to provide supporting documentation.

3 FIND FINANCIAL HELP

Grants and assistance programs may help cover treatment costs.

- National and state fertility grants.
- Medication assistance programs.
- Clinic financial assistance or payment plans.

4 GET SUPPORT + ADVOCATE

You're not alone, and your voice matters.

- Patient and peer support.
- Ask your employer about fertility benefits.
- Share your experience with policymakers or advocacy organizations.

QUESTIONS TO ASK YOUR CLINIC

- Can you verify my insurance benefits?
- Do I need **prior authorization**?
- Are all providers, labs and pharmacies in network?
- What will I pay **out of pocket**?
- What costs are **not included** in my estimate?
- What happens if my insurance **denies coverage**?
- What financial assistance is available?

FERTILITY GRANT RESOURCES

Scan the QR codes to explore national and state grants and financial assistance.

GRANT DIRECTORY

RESOLVE